COVA LOCAL HEALTH INSURANCE PLAN

SB 364 - CHAFIN (2016)

VIRGINIA SHERIFFS' INSTITUTE
ANNUAL SPRING MEETING, APRIL 20, 2017



RULES & PLAN DESIGN

- Design as similar as possible to COVA Care and COVA HDHP
- Recognize that initially it is a higher risk pool
 - Voluntary participation
 - Multiple employers
 - New plan
- Understand financial impact
 - Protect program assets and participants
- Determine eligibility
- Consider timing of certain programs
- Establish administrative guidelines
- Develop system processes to facilitate eligibility and claims needs



FINANCIAL PROVISIONS

- Minimum enrollment to be viable and sustainable
 - 5,000 employees
 - 10,000 members
- Self-funded, just like the state plan
- Stop loss to temper unfavorable claim experience and potentially significant rate increases
 - Individual stop loss to protect against large individual claims
 - Aggregate stop loss to protect against unexpected total claims



ADDITIONAL PROVISIONS

- Requested input from stakeholders on various issues
- Webinar participants voted on six design options impacting plan stability and actuarial rate setting
 - Voted to include non-Medicare retirees to provide continuity of coverage
 - 2. Voted **not to include total population health program** and possibly add later after the program has more experience
 - Voted to implement a minimum participation of 75% for active eligible employees for each employer to mitigate adverse selection
 - 4. Voted to implement minimum employer contributions to mitigate adverse selection
 - 5. Voted to require an initial participation commitment for a 3 year period and a 1 year waiting period before rejoining to increase program stability
 - 6. Voted to include an **Adverse Experience Adjustment** and a 3 year lookback period to increase program stability

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ELIGIBILITY

Employees

- local governments
- schools
- other political subdivisions eligible to participate in TLC
- elected officials if eligible to participate in the entity's benefit plans
- Dependents of those employees

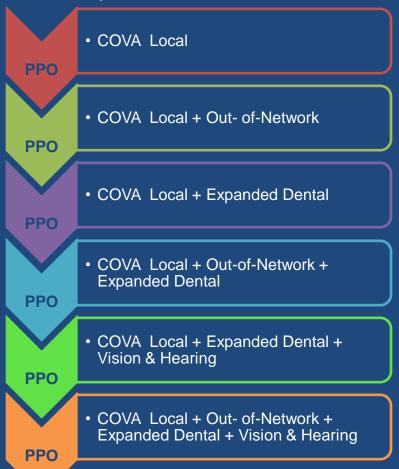






PLANS

Same plans offered to state employees





COVERAGE

- Same coverage offered to state employees
 - Medical
 - Behavioral Health
 - Employee Assistance Program
 - Prescription Drug
 - Diagnostic and preventive dental benefits
 - 100% coverage for in-network preventive care, no deductible
 - Specialist visits with no referrals
 - In-network coverage
 - Optional Benefits (available in various combinations for an additional premium)
 - Expanded Dental
 - Vision & Hearing
 - Out-of-Network





OUT-OF-POCKET EXPENSES

 Same out-ofpocket
 expenses as the state
 employee
 health plan

State Out-of-Pocket Expenses - FY 2017					
Medical Overview In Network	COVA SB 364	COVA HDHP SB 364			
Deductible - Individual/Family	\$300/\$600	\$1,750/\$3,500			
Coinsurance	20% 20%				
ООР	\$1,500/\$3,000	\$5,000 / \$10,000			
PCP	\$25 Copay 20% after deducti				
Specialist	\$40 Copay	20% after deductible			
IP Facility	100% after \$300 Per Admission Copay	20% after deductible			
OP Facility	100% after \$125 Facility Visit Copay 20% after deductib				
Emergency Room	\$150 Copay 20% after deduc				
Urgent Care	\$40 Copay	20% after deductible			
Pharmacy In Network					
Generic	\$15 Copay	20% after deductible			
Preferred Brand	\$30 copay 20% after deduct				
Non-Preferred Brand	\$45 Copay	20% after deductible			
Specialty	\$55 Copay	20% after deductible			
Mail Order Rx	2x Retail	20% after deductible			

PREMIUMS

- Financially viable new multiple employer plans typically cost more than established single employer plans
- One self-insured risk pool, separate from the state plan
- Single set of annual rates for all participating entities
- Premium rates determined by claim experience and demographics of all interested prospective entities
 - Round 1Initial preliminary rates
 - Round 2
 Final rates determined
 that will also be used in Round 3

FY 2019 Initial TOTAL Monthly Rates		
EE Only	<u>EE+1</u>	EE+Family
\$ 794.00	\$1,469.00	\$2,144.00
\$ 19.00	\$ 35.00	\$ 51.00
\$ 31.00	\$ 57.00	\$ 84.00
\$ 20.00	\$ 37.00	\$ 54.00
\$ 864.00	\$1,598.00	\$2,333.00
\$ 598.00	\$1,106.00	\$1,615.00
\$ 31.00	\$ 57.00	\$ 84.00
\$ 629.00	\$1,163.00	\$1,699.00
	EE Only \$ 794.00 \$ 19.00 \$ 31.00 \$ 20.00 \$ 864.00 \$ 598.00 \$ 31.00	EE Only EE+1 \$ 794.00 \$1,469.00 \$ 19.00 \$ 35.00 \$ 31.00 \$ 57.00 \$ 20.00 \$ 37.00 \$ 864.00 \$1,598.00 \$ 598.00 \$1,106.00 \$ 31.00 \$ 57.00

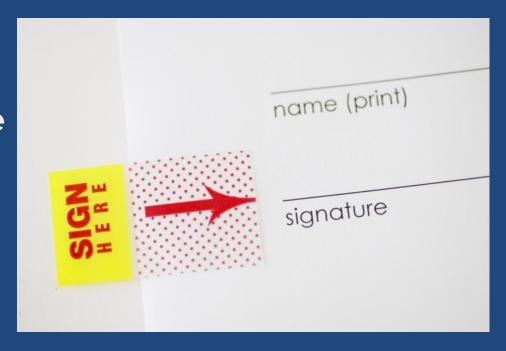
PRELIMINARY INTEREST

- Indication by groups of preliminary interest in program participation in order to participate the 1st year
- Submission of information for actuarial analysis to determine programs required funding
- Identification of minimum program participation
- Development of preliminary rate range



ELECTION TO PARTICIPATE

- Sign up
 - May require a Board resolution
- Plan year would be the same as the state plan year
 - FY July 1 to June 30
 - Short plan year may be needed the first year



COVAL Local INTEREST LEVEL

Minimum enrollment of 5,000 employees and 10,000 members for plan to be implemented

Local Option Health Insurance Program					
	# of Groups	# Enrolled Employees	# Enrolled Dependents	# Total Enrollment	
ROUND 1					
 Declared NON-BINDING preliminary Interest 	247	109,510	108,560	218,070	
Submitted required data	209	100,128	99,394	199,522	
ROUND 2					
 Declared NON-BINDING preliminary Interest 	101	37,187	33,960	71,147	
Submitted required data	TBD	TBD	TBD	TBD	
ROUND 3					
Declared BINDING Interest	TBD	TBD	TBD	TBD	

COVA Local TIMELINE

When	Who	What
Spring 2016	DHRM	Begin outreach to legislators and constituents
Summer 2016	DHRM	Develop program rules
August 2016	All	Conduct information webinars
September 14, 2016	Participants	Indicate preliminary interest to participate
October 14, 2016	Participants	Complete data submissions due to actuaries
January 2017	DHRM	Publish preliminary premium rates
February 2017	Participants	Indicate continuing interest in participating
August 2017	DHRM	Complete procurement if needed
October 2017	DHRM	Publish final premium rates
December 2017	Participants	Make binding election to participate
May 2018	All	Conduct open enrollment
July 1, 2018	All	Go Live!

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